FOR INSTRUCTIONS, SEE BACK OF FORM

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	J	\sim L	.OJ	ノバに	OUMIN	IARY	PAGE

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Resellion	FORM A ETHICS AND DR-21GM 11349CLOSTIRE (Rev. 07/2003)
	(Rev. 07/2003) REPORTE 30
date	Logged In Scanned Computer
or House)	Audited
. (10d5e)	
6-5062 NE	OCTOBER 25, 2009 DATE SIGNED
and criminal	penalties.
NTENCE: A (1) ELECTION	/(2)NON-ELECTION YEAR.
NOVE County & which El	ommittees, enter Date of Election MINER 3 2009 Local Committees, enter County in ection is held ICK HHUK

	DR-2/6	S TUSS AND
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/200	03) REPORT
WINTERHOF FOR City Council	_ 2009.OC	-271y AM 9: 47
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #	EDMY AN 9: 47
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates		
CANDIDATE COMMITTEES ONLY:	Computer	
Candidate Name Political Party	Audited	
GARY L. WINTER NOF NA		
Office County	-	
CELAR FAILS City Council	;)	
Perola		
SIGNATURE OF TREASURED (319) 266-506	2 00	tober 25, 2009
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DAT	E SIGNED
Late filed reports are subject to possible civil and cr	imigal paneltic	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTEN	immai penaities.	
LAM FILING A OC token 20 2000	<u>E:</u>	
I AM FILING A October 29 2009 REPORT FOR AN/A (1) EL	ECTION /(2)NON-ELE	ECTION YEAR.
Indicate one		
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, ente	
	NOVEMBER 3	2009
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	County & Local Commit which Election is held	tees, enter County in
(You must continue to file reports until a Notice of Dissolution is filed.)	BLHCK HHU	uK
STATEMENT OF CACH CALLAND		
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies hell by the committee. This amount MUST be the same as the cash on hand at the end of the left send in a significant send in the left send	d	
of the last reporting period, or must be zero if this is first report filed.)	\$ 1,890	6.77
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below	2.41	19,90
Schedule F: Loans Received total (Attach Schedule F)		0 —
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		0 -
(Schedule H applies to Candidates' Committees Only)	. *************************************	
SUB-TO1	AL\$ 4/2	11 17
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	AL\$ 4,3	16.61
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans be	low) 3 8	05 04
Schedule F: Loan Repayments total (Attach Schedule F)		0 -
CASH ON HAND at the end of this reporting period (if final report, balance must		
be zero) (Attach DR-3)	\$ <i>5</i>	11.63
**UNPAID BILLS (From Schedule D - Attach Schedule D)	æ	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	3	- 0 -
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$&	
CANDIDATE COMMITTEES ONLY:	5	
CONSULTANT BREAKDOWN (Schedule G Attached?)		\square
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	Y	ES MO
Control of the contro	€	

For instructions, See Back of Form		SCHEDULE	
- CONTRIBUTIONS - MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 06/97)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Wintenhof For City Council		CHE	CK THIS BOX IF IDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACT NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AV DISCLOSURE BOARD.	ION COMMITTEE). LIS AILABLE FROM THE IC	T THE PAC IDEN DWA ETHICS ANI	TIFICATION CAMPAIGN
CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from rep for any commercial purpose by any person other than statutory political committees.	orts and statement	s for soliciting (contributions or

PAC ID NUMBER DATE NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP RECEIVED **AMOUNT** (if applicable) V IF FO TO CANDIDATE RECEIVED AND PAC CHECK (MM/DD/YR) FUNC (if applicable) NUMBER RAISE INCOL 10# 8/5/09 CK# C484 NONE 24-49 ID# CK# CASH NONE 24.98 1D# CK# (484 NONE 24.98 ID# Robert F. + LINDA A. MAHNIKE
3020 ABRAHAM DR CK# 6419 NONE CELAR FALLS IN SOU'S A5. – ID# 8/21/09 Scott JORLAN PO BOX 1257 CK# 054695 100-WATERLOG IS 50704 NONE ID# ROSS D. Christensen D.D.S 847 W. 4 ST CK# 8945 NONE WATERLIOD, ISA SO702 50 -ID# DAVIDRA HEIEN M. DUNCAN 3932 KNOII Ridge DR. CK# 8309 CELIRFAILS ID 50613-5412 NONG 25. -ID# RICK YOUNG 750 S. HACKETTED P.O. BOX 1077 CK# 6435 WATOUR, IA 50704-1077 NONE 572, -ID# DAVID+PAMELASTRICKIER 618 LAKE Ridge De CK# 2667 50a -NONE CEDALFAILS IA 50613 10# Roskamp LEASING CK# 4737 P.O Box 728 CEDRFALK IA50613 100. -NONG-SUB-TOTAL

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marnage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3 (for Schedule A)

5424.95

TOTAL (if last page of this

schedule)

For Instructions, See Back of Form	For	Instructions,	See	Back of	Form
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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

	. 1
COMMITTEE NAME (Must be same as on Statement of Organization)	
Wintahof For City Council	
	- 1

i	SCHEDULE				
	A (Rev. 06/97)	MONETARY RECEIPTS			
	CHECK THIS BOX IF AMENDING FORM				

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTES			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	FU RAI
9/1	10#	DAVID M. # LOZIR NORDYKE		 	INC
9/10/09	CK# 3300	3512 W. 12+ St		s	
	1D#	CELMFAlls ID 50613-1559	NONE	100.	
9/11		Robert J. + Judith E. Brown			
9/10/09	CK# 8797	4315 Sterling LANE	NONE	10.	
	1D#	CEDRFALLS IN 50613	10,00	100	
9/17/09	CK#	ARLAND J. Hougen 3524 ChapmanCt			
	CK# 2180	Cedse FAlls IA 50613	NONE	200	
9/17/09	ID#	Jon CRENS			
1/09	CK# 8407	4815 ALGONQUIN UNIT 3 CeSAR FALLS IN SOG13	NONG	50	
91	ID#	John L. Runchey		30. –	
9/17/09	CK# 2182	920 COLUMBINE DE	NONE	50	
· .	ID#	CECN FAILS ZA SOU/3	NOWE	50, -	
9/21/04	CK"	GARY + KAROLEEN HARRYMAN FOBER 29 RIVER RIDGE UNDE			
109	CK# 2654	CELNIMIS ZA 50613-1727	NONE	100	
9/	ID#	RANDAIL+ KIMBERLY COSTELLO			
9/30/09	CK# 50/00	703 W. 21st St		10-1	
	ID#	CE dar FAlls IA 50613-3724	NONE	100	
10/9/09		CRAIG & LORI HILPIPRE			
1	CK# 4006	805 LATHAM PL CE SUFALBIA 50613	NONE	400	
10/9/09	10.0	LYNTHA JOR GRANT DUNCAN			
169	CK# 09950	425 ROSEMANY DR CedAR FATHS IN SU13-9523			
	10#	Ceden FAILS ILA DU13.9523	NONE	50	
	CK#				
			SLIP TOTAL		

SUB-TOTAL s 1150, T

schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinty (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 3 of 3

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE					
B	MONETARY				
(Rev. 09/97)	EXPENDITURES				
☐ CHEC	CHECK THIS BOX IF AMENDING FORM				

COMMITTEE NAME (Must be same as on Statement of O	ragnization
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WINTERPOF FOR City Council

		1 CUNCIL		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSAC	ETION) AMOUNT EXPENDED
8/3/	ID# CK# /025	Think'NTHINK ING 170 W. MullAN WATENLO, ZS SOTO,	Advætising	\$ 926 —
8/18/69	ID# CK# /026	Signs & DESigns 5600 Nordic De CEDAR FAILS ID 50613	Sign FOR CAR	80.25
9/18/09	ID# CK# /027	WALMANT 525 BRANDILYNN BLUD CELSE FAHZ IS 50613	Thank you Note	+ 75
9/23/09	CK# 1028	Think NThINK INC. 170 W. MullAN WB TENJOS = A 50701	Advertising	2006
	ID# CK# /029	ThiNK'NTHINK INC 170 W. MullAN WATCHIO, ZA SOTO,	Advertising	282.10
	CK# 1030	Think'N Think 170 W. Mull AN WATEMORZA 50701	Abvertising	506,44
	ID# CK#			
	ID#			

SUB-TOTAL \$\frac{3}{2}\$
TOTAL (if last page of this schedule) \$\frac{3}{2}\$

\$ 3805.04

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entry on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page / of/	_
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DHINSTHUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	IN KIND CONTRIBUTIONS
WINTERHOF FOR City Council		
	☐ CHECK	THIS BOX IF

DATE		RELATIONSHIP	DESCRIPTION	FOTHER	
RECEIVED (MM/DD/YR)		TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
6/30/	RNMSERVICE CO. 602 STATE ST CEDIFALLS IA 50613		DESigned	s	SOLUTION
109	CEDIR FALLS IA 50613	NONE	WEBSITE	604.99	No
					· · · · · · · · · · · · · · · · · · ·
		LĹ	SUB-TOTAL	\$	
			TOTAL (if last	604.99 s	
			page of this	604.99	
			schedule)	~	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

schedule)